HARWICH POLICE DEPARTMENT COMPLAINT FORM

INSTRUCTIONS FOR COMPLETION OF FORM:

Please print all information legibly. If additional space is needed, please use additional sheets of paper. Use separate sheets for statements of any witnesses accompanying the complainant.

Please answer all questions completely - type or write in ink, legibly print answers. Use additional pages as needed. COMPLAINANT INFORMATION: Date:_____ Time:_____ Name:_____ Home Address:)_____ Telephone: (Email:_____ INCIDENT INFORMATION: Date of Incident:______ Time of Incident:______ Location of Incident: Name/Rank of Accused Employee:_______ Badge #:______ Description of Employee:______ **WITNESS INFORMATION:** (If there are additional witnesses please list on a separate sheet, please initial and date that sheet and attach) Witness # 1 Name:______ Home Address:_____ Telephone: ()_______ Witness #2 Name: Home Address:_____ Telephone: ()_____

NARRATIVE OF INCIDENT/DESCRIPTION OF INCIDENT: (Please describe the incident in detail, giving specific dates, times, locations, witnesses, conversations and actions - please use a separate sheet of paper if more space is needed -please sign and date all additional sheets). Signature of Complainant: _ _____ Date:___

Name and Rank of

Signature: Date Received:

Employee Receiving Report:

(If under 18 Parent or Guardian, please print and sign)